Kentucky Board of Speech-Language Pathology and Audiology

P.O. Box 1360 Frankfort, Kentucky 40602

(502) 564-3296 / FAX (502) 696-1927

Application for Continuing Education Program Approval

1.	1. Sponsoring Agency:		
2.	2. Contact Person: Telephone: ()	
3.	3. Contact Person's Address:		
	Street		
	City State	Zip Code	
4.	4. Program Title:		
5.	5. Date(s) of Program: Number of hours app	Number of hours applying for:	
6. & & &	 ✓ Speech-Language Pathology ✓ Audiology 		
7.	ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION: (Please be advised, applications received without the requested information will be returned)		
& & &	a published course or seminar description; names and qualifications of the instructors; a copy of the program indicating hours of education including coffee and lunch breaks.		
8.	Has this program been approved by another agency? If so, list agency:		
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Ø	∠ NEED ADDITIONAL INFORMATION FOR REVIEW:		
Ø	∠ DENIED CONTINUING EDUCATION CREDIT. COMMENTS:		
D	DATE REVIEWED: BOARD MEMBER	INITIAL:	